

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	BT		
FORMALITY REVIEW		48	6-29-00
RESPONSE FORMALITY REVIEW	MIF	549	7/6/00
			8-9-00

INDEX OF CLAIMS

- ✓ ..... Rejected
- ✓ ..... Allowed
- ✓ (Through numeral) ..... Canceled
- ✓ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/10/00
2			
3			
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6	✓	✓	10/10/00
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11	✓	✓	10/10/00
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16	✓	✓	10/10/00
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21	✓	✓	10/10/00
22	✓	✓	10/10/00
23	✓	✓	10/10/00
24	✓	✓	10/10/00
25	✓	✓	10/10/00
26	✓	✓	10/10/00
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30	✓	✓	10/10/00
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35	✓	✓	10/10/00
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41	✓	✓	10/10/00
42			
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46	✓	✓	10/10/00
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50			

Claim	Final	Original	Date
51	✓	✓	10/10/00
52	✓	✓	10/10/00
53	✓	✓	10/10/00
54	✓	✓	10/10/00
55			
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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